

September 27, 2002

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TWCC Medical Dispute Resolution  
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Austin, TX 78704

MDR Tracking #: M2 02 1161 01  
IRO #: 5251

\_\_\_ has been certified by the Texas Department of Insurance as an Independent Review Organization. The Texas Worker's Compensation Commission has assigned this case to \_\_\_ for independent review in accordance with TWCC Rule 133.308 which allows for medical dispute resolution by an IRO.

\_\_\_ has performed an independent review of the proposed care to determine if the adverse determination was appropriate. In performing this review, all relevant medical records and documentation utilized to make the adverse determination, along with any documentation and written information submitted, was reviewed.

The independent review was performed by a matched peer with the treating doctor. This case was reviewed by a licensed Medical Doctor who board certified in Orthopedic Surgery. The \_\_\_ health care professional has signed a certification statement stating that no known conflicts of interest exist between the reviewer and any of the treating doctors or providers or any of the doctors or providers who reviewed the case for a determination prior to the referral to \_\_\_ for independent review. In addition, the reviewer has certified that the review was performed without bias for or against any party to the dispute.

#### CLINICAL HISTORY

\_\_\_ is a 40 year old truck mechanic who was working on the brakes of an eighteen wheeler truck. Unfortunately, the driver of the truck started the engine and drove away with the patient still under the truck. He apparently held on as long as he could, but then could not hold on any longer and the truck ran over the patient and he sustained multiple injuries in the accident, including a head injury. He was sent by life flight to the \_\_\_ in \_\_\_ and saw an orthopedic surgeon, \_\_\_. He had a severe pelvis fracture that was open and it became infected. He was hospitalized for about two weeks in \_\_\_ and then was released after the pelvic fracture had been drained. He was apparently ambulating on crutches before he left the hospital. The fracture of the pelvis united but was not in good position when it did unite.

The patient continued to have lower back pain and in December 1999 he had a L5-S1 lumbar laminectomy because of continuing low back and leg pain. The details of this procedure are not known.

The patient then continued to have difficulties with his pelvic fracture and he consulted \_\_\_, who is an orthopedic surgeon. \_\_\_ performed an osteotomy of the pelvis on 4/15/1999 and corrected the malunion of the pelvic fracture using two plates for fixation. The fracture healed without infection. The patient then continued to have low back pain with some leg radiation. He was worked up for that and he had a laminectomy at L4-L5 level, which was the level above his previous laminectomy. This procedure was done on April 13, 2000.

After the second laminectomy, the patient had some relief but he continued to have primarily lower back pain. The back pain has continued and he has not been able to return to employment. He has consulted \_\_\_ because of the continued low back pain and the failure of conservative treatment. He has had epidural steroid injections and anti-inflammatory medication, physical therapy, exercise and nothing has helped his lower back pain. He was seen by \_\_\_ regarding this back pain and he suggested a provocative discogram with CT to evaluate the status of his lower back.

The provocative discogram was performed on June 18, 2002. It was done at the L3-L3, L3-L4, L4-L5 and L5-S1 levels. The upper two levels were found to be normal. There was not concordant pain produced at L2-L3 or L3-L4. At L4-L5 and L5-S1 concordant pain was produced and annular tears were found at both levels. The patient's pain is felt to be coming from the L4-L5 and the L5-S1 disc lesions at these two levels.

#### REQUESTED SERVICE

Intradiscal Electrothermal Annuloplasty

#### DECISION

The reviewer disagrees with the prior adverse determination.

#### BASIS FOR THE DECISION

This is an intradiscal eletrothermal annuloplasty, a procedure now felt to be an established method of treatment for discogenic pain. It was first published in the literature by \_\_\_ and \_\_\_. Favorable results have been obtained from this procedure for a number of years. The IDET procedure has been chosen because \_\_\_ is trying to avoid doing a major two level fusion if at all possible. The IDET procedure is a much less invasive procedure of choice in view of the findings on the discogram. If the IDET procedure does not relieve the patient's symptoms then he can always go back and have the spinal fusion performed but if the IDET is successful as it is in the majority of cases then it will mean that he will not have to go through another major operation. I agree with \_\_\_ and feel this procedure is indicated.

As an officer of \_\_\_, I certify that there is no known conflict between the reviewer, \_\_\_ and/or any officer/employee of the IRO with any person or entity that is a party to the dispute.

\_\_\_ is forwarding by mail and, in the case of time sensitive matters by facsimile, a copy of this finding to the treating doctor, payor and/or URA, patient and the TDI/TWCC.

Sincerely,

### **YOUR RIGHT TO REQUEST A HEARING**

Either party to this medical dispute may disagree with all or part of the decision and has a right to request a hearing.

In the case of prospective *spinal surgery* decision, a request for a hearing must be made in writing and it must be received by the TWCC Chief Clerk of Proceedings within 10 days of your receipt of this decision. (20 Tex. Admin. Code 142.5(c)).

In the case of other *prospective (preauthorization) medical necessity* disputes a request for a hearing must be in writing, and it must be received by the TWCC Chief Clerk of Proceedings within **20** (twenty) days of your receipt of this decision (28 Tex. Admin. Code 148.3).

This decision is deemed received by you 5 (five) days after it was mailed (28 Tex. Admin. Code 102.4(h) or 102.5(d)). A request for a hearing should be sent to: Chief Clerk of Proceedings, Texas Worker's Compensation Commission, P.O. Box 40669, Austin, TX 78704-0012. A copy of this decision should be attached to the request.

The party appealing this decision shall deliver a copy of its written request for a hearing to all other parties involved in the dispute, per TWCC rule 133.308(t)(2).